

EMERGENCY CARD

Child's Name _____ Birth date _____

Address _____

PARENT INFORMATION

1. _____
mother's name home phone work phone cell phone

2. _____
father's name home phone work phone cell phone

EMERGENCY CONTACTS & PICK-UPS in case parents cannot be reached (2 names are required by State of CT)

1. _____
name relation home phone work phone cell phone

2. _____
name relation home phone work phone cell phone

PHYSICIAN _____ DENTIST _____
name phone name phone

ALLERGIES _____ MEDICATIONS _____

OTHER SIGNIFICANT MEDICAL INFORMATION

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